FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000011910 (3)

SOUTHERN GENERAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1926 ARCADIA PLACE JACKSONVILLE EL 32207 1926 ARCADIA PLACE

FILED Feb 12 1997 8:00am Secretary of State



JACKSONVILLE	FL 32207	JACKSONVILLE FL 32207-33	314				
					3. Date Incorporated or Qualified 02/10/1995	3a. Date of L 08/05/19	•
-	flace of Business	2a. Mailing Address			4. Full Number		Applied For
21 FOUR SAWGRASS VILLAGE 26 FOUR SAWGRASS VILLAGE Suite, Apt. #, etc.					e 59-3296709		Not Applicable
22 200 27 200 27					5. Certificate of Status Desired	1 1 7 -	.75 Additional see Required
City & Stal PONT	e Veora Beach, F	City & State	a Beac	H. FL	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
24 320	Country	29 32082	Country 30	A]Yes □ No	
····	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
ALLEN, GLENN K 81 Name							
	E. FORSYTH ST.		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
JAC	KSONVILLE FL 32202		83			***************************************	
			83				
			84	City		FL 85	Zip Code
11 Purcuant	to the provisions of Sections 607 N.O.2	and 607 150 Florida Statute	e the show	a-named core	poration submits this statement for the pion's board of directors. I hereby accept		aina ite ragistoras
CHINATURE	Applete Oped or at the American Service of the America	INOTE	-/-/		red when reliferance. ADDITIONS/CHANGES TO OFFICE	47	
12.	D OFFICERS MND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Ch	
NAME	Kazia, Kenneth	Lad Determ	1.2 NAME	$ \mathcal{L} $	AZIA KENNETH	O.	lange
STREET ADDRESS	1926 ARCADIA PLACE		1.3 STREET	Annerss Fo	AZIA, KENNETH DUR SAWGRASA VILLA MTE VEDA BEACH, I	HE STE	,200D
CITY-\$1-ZIP	JACKSONVILLE FL 32207		1.4 CITY-S	T-71P Pa	MER VENA BRACH.	BL 320	282
TITLE		☐ DELĒTE	2.1 TITLE			□ cr	nange Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET	ADDRESS			
CHY-St-ZIP			2.4 CITY-	GT-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Ch	nange Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CHTY-ST-ZIP TITLE		DELETE	3.4. CITY - 3 4.1 TITLE	01 • ZIP		☐ Ch	hange Addition
NAME		—	4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T • 21P			
TITLE		☐ DELETE	5.1 TITLE			□ Ct	hange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
C(1Y - ST - 2)F	M-1	T RECEY	5.4 CITY - 9	T- ZIP			
THILE		☐ DELETE	6.1 TITLE		8.	LJ CH	hange 🔲 Additio
NAME			6.2 NAME				
STHEET ACCORESS			6.3 STREET				
CITY-SI-769			6.4 CITY - S	T · ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

2/6/

9012139333